Spring 5-2017

Television, Interpersonal Communication, and College Students' Attitudes Toward Mental Health

Abby Bellefleur
University of Maine

TELEVISION, INTERPERSONAL COMMUNICATION, AND COLLEGE STUDENTS' ATTITUDES TOWARD MENTAL HEALTH

By

Abby Bellefleur

A Thesis Submitted in Partial Fulfillment

of the Requirements for a Degree with Honors

(Communication)

The Honors College

University of Maine

April 2017

Advisory Committee:

Liliana L. Herakova, Lecturer, Department of Communication and Journalism
Melissa Ladenheim, Associate Dean, Civilizations Preceptor, Honors College
Laura N. Rickard, Assistant Professor, Department of Communication and Journalism
Holly E. Schreiber, Assistant Professor, Department of Communication and Journalism
Rebecca Schwartz-Mette, Assistant Professor, Department of Psychology

ABSTRACT

Statistics estimate that 1 in 5 American adults struggle with mental health challenges, but only about one-third of college students who experience mental health challenges seek help (National Alliance on Mental Illness, n.d.). With increases in the severity and prevalence of mental illness among college students (Daddona, 2011; Hefner & Eisenberg, 2009), it is important to understand what attitudes about mental illness are present among college students and what shapes those attitudes. From a cultivation analysis perspective (Morgan, Signorielli, & Shanahan, 2009), this study explores the relationship between college students' television viewing habits and their attitudes toward mental illness, building on prior research suggesting that heavy television viewers hold more negative views of mental illness and the individuals experiencing them (Diefenbach & West, 2009), and that television portrayals of mental illness are stigmatizing and misleading (Klin & Lemish, 2008; Parrott & Parrott, 2015). The present study also looks at the possible associations between college students' personal experiences with and interpersonal communication about mental health challenges and attitudes toward mental illness.

Data were collected using an online survey distributed to undergraduate students at the University of Maine. The survey included questions about television viewing habits, experiences and communication about mental health challenges, attitudes toward mental illness, and students' knowledge of campus support services. It was found that the relationship between interpersonal communication about mental illness and attitudes toward mental health was statistically significant among the sample. This finding has

implications for mental health support services and peer-to-peer programs on college campuses

TABLE OF CONTENTS

INTRODUCTION

Media have been shown to influence the way humans think about and perceive the world around them (Croteau & Hoynes, 2014). Television especially has been seen as influential in shaping audiences' ideas about society and the world (Diefenbach & West, 2007). While television shows take on a variety of topics, representation of mental illness continues to be of interest, particularly in the context of lasting stigma around mental illness (Crowe et al., 2016; Johnson, 2010) and the simultaneous consistent increase in the number of young people experiencing mental health challenges (Hefner & Eisenberg, 2009; Hunt & Eisenberg, 2010; Kitzrow, 2003; Mowbray et al., 2006; Zivin, Eisenberg, Gollust & Golberstein, 2009). The link between media content and attitudes toward mental health in the current context becomes especially interesting to explore, given that television programs are readily accessible not only from cable networks or satellite service providers, but also through Netflix, Hulu, Amazon, and the Internet. Focusing on a generation whose coming of age has been marked by such changes in the media landscape, this study will, in part, explore possible correlations between college students' television viewing habits and their attitudes toward mental illness.

The mental health of college students has been of growing concern in recent years (Egbert, Miraldi, & Murniadi, 2013; Kitzrow, 2003). Several studies have cited an increase in the prevalence and severity of mental illness among college students in the last few decades (Daddona, 2011; Hefner & Eisenberg, 2009; Kitzrow, 2003). College years are a vulnerable time in a student's life: having to face stress, adhere to different expectations, and navigate a new academic and social environment. Most significantly,

research supports that students are susceptible to developing a mental disorder during their time in college (Hefner & Eisenberg, 2009; Kitzrow, 2003). Mental illness can negatively impact several aspects of a student's academic, social, and personal life. If suffering from a mental illness, a student's academic success, productivity, and social relationships may be compromised, and unhealthy and risky substance use becomes a concern (Kitzrow, 2003). Additionally, the attitudes college students have about (those with a) mental illness could play a role in how individuals respond to experiencing mental illness. Depending upon the nature of such attitudes, it could make the situation worse or better.

Exploring one possibility for influences on attitudes toward mental illness, the theory of cultivation analysis can be used to study the relationship between television viewing and attitudes toward mental illness among college students. As described by Diefenbach and West (2007), cultivation analysis "uses content analysis of television to generate hypotheses about viewer attitudes and beliefs, which are tested with a community survey" (p. 181). Using the theory, Diefenbach and West (2007) found that on prime-time television, characters with mental illnesses are more likely to be depicted as violent criminals and impact society negatively. They also found that such portrayals impact audiences' beliefs about people with mental illnesses. Particularly, people who watched more TV were more likely to think that they would be unsafe if mental health services were brought to their community. Other research suggests that depictions of mental illness in television programs are often negative, stereotypical, and stigmatizing (Klin & Lemish, 2008; Minnebo & Van Acker, 2004; Parrott & Parrott, 2015; Signorielli, 1989; Wahl, 2003).

Television is not the only force that shapes attitudes, however. Additional influences on attitudes toward mental illness are personal experience and interpersonal communication (Centers for Disease Control and Prevention (CDC), 2016). Thus, this study explores various possible relationships between communication and attitudes toward mental illness. In addition to the connection between television viewing habits and attitudes, the study also examines how experience with mental illness, whether personal or through significant others, as well as how communication with friends and family about mental health challenges, relate to college students' attitudes toward mental illness.

In the next section, I review, in greater depth, the relevant literature on attitudes toward mental health, as well as literature pertaining to the mental health of college students, mental health in the media, and college students' television viewing habits. I also further discuss cultivation theory to explain why and how previous research has theorized that television is an influential social force, the effects of which I explore with this study. Following the literature review, I outline the goals and methodology of the present study. I then summarize key findings and conclude by discussing their implication in relation to possible mental health initiatives and efforts on college campuses.

LITERATURE REVIEW

College Students and Mental Health

The prevalence and severity of mental illness among college student populations has increased in recent years (Hefner & Eisenberg, 2009; Hunt & Eisenberg, 2010; Kitzrow, 2003; Mowbray et al., 2006; Zivin, Eisenberg, Gollust & Golberstein, 2009). Campus counseling centers across the country report seeing a greater number of patients, with a greater severity of problems, in comparison to previous years (Kitzrow, 2003). For example, Kitzrow (2003) conducted a review of the literature and cited one study that found "85% of center directors reported an increase in 'severe' psychological problems over the last five years" (p. 169). In addition, Mowbray and colleagues (2006) reported that since 1990, the rates of suicide among college students increased more than the rates of suicide among young adults who did not attend college.

Many reasons have been proposed for the reported increase in the prevalence and severity of mental illness among student populations. The most commonly cited reasons include: developmental factors (i.e. many serious mental illnesses have their onset in young adulthood) (Golberstein, Eisenberg, & Gollust, 2009; Eisenberg, Hunt, Speer & Zivin, 2011; Kitzrow, 2003; Mowbray et al., 2006); improved effectiveness of medications (Kitzrow, 2003; Mowbray et al., 2006); changing rates of stigma and acceptance (Hunt & Eisenberg, 2010; Kitzrow, 2003; Mowbray et al., 2006); and better access to and availability of mental health resources and services (Kitzrow, 2003; Mowbray et al., 2006). Other reasons put forth include greater incidence of help-seeking behavior, and improved screening and diagnostic measures (Hunt & Eisenberg, 2010);

academic pressures and the financial stress of attending college (Mowbray et al., 2006); and social factors (e.g. divorce, relational violence) and societal pressures (Kitzrow, 2003). Thus, the reported increase in the frequency and severity of mental illness among college students may be attributed to a number of biological, social, structural, and personal factors.

For the "12-18% of college students [who] have a diagnosable mental illness" (Mowbray et al., 2006, p. 227), this increase is problematic because it has academic, social, institutional, and interpersonal implications (Kitzrow, 2003; Massachusetts Institute of Technology (MIT), 2015; Mowbray et al. 2006; National Alliance on Mental Illness (NAMI), 2012; Soet & Sevig, 2006). According to Mowbray and colleagues (2006), the academic barriers are quite numerous, including:

> ...maintaining concentration, remembering important details, screening out distractions, meeting deadlines under pressure, test anxiety, executive functioning (e.g., planning, organizing, and making decisions), dealing with mental illness stigma, interacting within a group, making public presentations, receiving and responding to negative feedback, low self-esteem, acting appropriately with classmates and faculty, maintaining a good attendance record (especially for early morning classes), maintaining stamina, and/or motivating oneself and others. (p. 227)

Thus, college students dealing with mental health challenges may have a more difficult time achieving academically, as has been reported in the literature (Kitzrow, 2003; MIT, 2015; Mowbray et al., 2006; Soet & Sevig, 2006). Other implications include substance abuse (Hefner & Eisenberg, 2009; Hunt & Eisenberg, 2010; Soet & Sevig, 2006) and the

compromising of social relationships (Hunt & Eisenberg, 2010; Kitzrow, 2003; Zivin, Eisenberg, Gollust, & Golberstein, 2009).

In response to the increasing prevalence and severity of mental illness among college students, colleges and universities have been tasked with providing the supports and accommodations necessary for students' well-being. In a national survey of college students who self-identified as having a mental illness, information about which services were most helpful toward their academic success was obtained (NAMI, 2012). Results revealed that 65% of respondents thought that a walk-in health center was critical to their college success, 61% pointed to the helpfulness of individual counseling, 61% highlighted the importance of crisis services, and 50% found access to a 24-hour hotline to be helpful (NAMI, 2012). Results also revealed that important accommodations for success among respondents included: excused absences for treatment (54%), medical leave of absence (46%), course withdrawals without penalty (46%), and adjustments in test setting (34%) (NAMI, 2012). These findings imply that the supports and accommodations listed by respondents within the survey are critical in shaping the campus culture around mental illness. As will be discussed in the next section, attitudes are also influential in shaping the campus culture surrounding mental illness.

Attitudes Toward Mental Health and Their Implications

Individual and cultural attitudes toward mental illness can positively or negatively impact the lives of those facing mental health challenges. A study by the Centers for Disease Control and Prevention (CDC, 2016) explains that attitudes influence how people "interact with, provide opportunities for, and help support a person with mental illness," (p. 3). Attitudes also shape how individuals understand and communicate their mental

health concerns, and are a factor in the decision to disclose their symptoms and seek treatment (CDC, 2016).

Much of the research on attitudes toward mental illness include discussion of stigma. Historically, stigma has been conceptualized as a (physical) mark of difference that is associated with bad character (Johnson, 2010). Stigma is also conceptualized more figuratively as a "disgraced social identity" (Johnson, 2010) that minimizes a person's worth and taints their identity (Crowe et al., 2016). Specifically, stigma as it relates to mental health has been described as "a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses," (CDC, 2016, p. 3). Thus, negative attitudes contribute to, are a part of, and can even be synonymous with stigma.

In the United States, stigma toward mental illness is pervasive and generally permanent in the eyes of the public (Johnson, 2010). This is problematic because stigma has negative consequences for people facing mental health challenges. For example, the study conducted by the CDC (2016) reports that stigma may prevent individuals who are experiencing mental health challenges from seeking treatment or accessing the resources they need. This interferes with developing effective coping mechanisms and with the success of prevention efforts. Crowe and colleagues (2016) also report that stigma acts as a barrier for treatment seeking, citing that stigma contributes to "negative attitudes toward treatment, lower treatment compliance, and less willingness to return for treatment" (p. 98). Other adverse outcomes of stigma include reduced allocation of resources for mental health services and compromising the quality of care that mental health services provide (CDC, 2016).

Research within the college campus context adds to our understanding of mental health stigma among college students (Crowe et al., 2016; MIT, 2015). Crowe and colleagues (2016) cite a study that found self-stigma was a barrier to accessing mental health treatment, and that among young adults and those with no personal experience of mental illness, stigma may be especially common. The authors also cite a study in which findings suggest that negative attitudes toward help-seeking may decrease when help for mental health challenges is sought (Crowe et al., 2016). Adding to the conversation, a MIT report (2015) of the Healthy Minds Study, a national survey of college students, revealed that only 42% and 40% of undergraduate and graduate students, respectively, agreed with the statement "At my school, I feel that the campus climate encourages free and open discussion about mental and emotional health," (p. 6). Thus, the majority of students surveyed hold negative attitudes about their campuses' ability to provide a judgment-free space for dialogue about mental health.

Although attitudes toward mental illness and their effects are explored in the literature, their placement in a complex web of social meanings and practices needs further study. Potential influence on the development of attitudes toward mental illness come from media representations and consumption habits (CDC, 2016), which will be further discussed in the following section.

Mental Health and the Media

Klin and Lemish (2008) reviewed mass media research from the last twenty years and found that in areas of production, representation, and audience, the media do not accurately depict mental illnesses and thus, perpetuate misunderstandings and stigma about mental health issues. Dating back to 1989, Signorielli conducted a study using

cultivation analysis that concluded that a significant portion of characters identified as having a mental illness on prime-time television were portrayed as violent (72.1%), victims of violence (75.7%), killers (21.6%), or killed (20.7%). Similarly, one study of children's media found that negative stereotypes of mental illness prevail, often involving depictions in which individuals with mental illnesses are unattractive, violent, and criminal (Wahl, 2003). More recently in a genre-specific study, Scott and Caroline Parrott (2015) analyzed how fictional crime-based dramas shape the public's understanding of mental illness and how the genre could influence those who have a mental illness. The authors concluded that crime-based dramas perpetuate the stereotype that a person with a mental illness is more likely to engage in violent/criminal behavior.

Understanding media content, the production side of media, and the links between media content and audience's views of the world are key steps in cultivation analysis – a communication theory that posits a relationship between television viewing and one's perceptions of, beliefs about, and attitudes toward the real world (Diefenbach & West, 2007). Cultivation analysis, or cultivation theory as it is also called, was developed by communication scholar George Gerbner in the 1970s (Morgan, Shanahan, & Signorielli, 2009). It began with the idea that the more time a person spends watching television, the more their view of the world will reflect what they see on the screen (Morgan, Shanahan, & Signorielli, 2009). For example, an early study that used cultivation analysis to explore the impact of violent television programming found that heavier viewers were more likely to report that the world was more dangerous than statistically proven (Gerbner & Gross, 1976), a phenomenon that came to be known as the Mean World Syndrome (Morgan, Shanahan, & Signorielli, 2009).

As media consumption habits have changed over the years, so, too, has the scope of the theory. Morgan, Shanahan, and Signorielli (2009), who have collaborated with Gerbner through the years, highlight this evolution in their article. Some of the theory's new applications include exploring how different program genres influence ideas about violence, romance, and race; tracking the longitudinal effects of cultivation; and using real-time television viewing information versus self-report measures to assess audience consumption (Morgan, Shanahan, & Signorielli, 2009). The authors summarize research that suggests associations between TV news exposure and perceptions that juvenile crime is increasing, between television viewing and more positive attitudes toward smoking, and between exposure to reality dating programs and problematic sexual beliefs (Morgan, Shanahan, & Signorielli, 2009). Despite the diversification of viewing technologies and the ever-changing ways in which viewers consume television, the (underlying ideologies of the) messages disseminated via these various channels have not changed drastically (Morgan, Shanahan, & Signorielli, 2009). Thus, cultivation analysis remains a relevant theory even in today's media landscape.

Existing, albeit limited, cultivation analysis research about perceptions of mental illness suggests the expected relationship between heavy viewing and negative perceptions about mental illness and the mentally ill. For example, compared to light viewers, adolescents who are heavy viewers of police and horror genres tend to believe that persons with a mental illness are more dangerous (Minnebo & Van Acker, 2004). Additionally, heavy viewers of these genres perceive people with mental illnesses to be more dangerous than they actually are (Minnebo & Van Acker, 2004). Connecting two aspects of cultivation theory, media content analysis and audience perceptions,

Diefenbach and West (2007) found that on prime-time television, individuals with mental illnesses are likely to be depicted as violent criminals and/or as individuals who impact society negatively. They also found that people who watched more TV were more likely to think that they would be unsafe if mental health services were brought to their community (Diefenbach & West, 2007).

Considering existing research, the cultivation hypothesis continues to be that the more TV people watch, the more their ideas, beliefs, and attitudes are likely to reflect televised world-views and depictions. This is particularly important for young people and college students who, as discussed next, are currently some of the heaviest TV viewers in the U.S. (Nielsen, 2016a, 2016b, 2016c, 2016d). Thus, it is reasonable to predict that if college students are watching as much TV as is reported and if media portrayals of mental illness are as negative as suggested above, then college students' attitudes about mental illness and those who have a mental illness are going to be increasingly negative and stigmatizing.

College Students' Television Viewing Habits

Market research organizations such as Nielsen take interest in the media habits of consumers. They look specifically at what media content people in the U.S. consume and, more recently, how people access such content. One population of interest is the millennial generation (ages 18-34). College students fall within this age range, so larger statistical findings about the millennial generation include the college student population as well. Surveys from Nielsen (2016a, 2016b, 2016c, 2016d) show that millennials consume a significant amount of television in a variety of ways.

In their Total Audience Report for Quarter 4 of 2015, Nielsen (2016a) found that persons aged 18-34 spent an average of 4 hours and 8 minutes watching TV every day, either live or through a TV-connected device. Additionally, a Comparable Metrics Report for Quarter 1 of 2016 found that millennials spent the most time out of all age cohorts watching TV each week, 20 hours and 24 minutes (Nielsen, 2016b). Lastly, Nielsen's Generational Snapshot study, conducted in Quarter 4 of 2015, reported that millennials spent an average of 95 hours and 39 minutes using live and DVR/time-shifted TV per month, and an average of 30 hours and 33 minutes using a multimedia device, such as Roku, Google Play, or Apple TV, per month (Nielsen, 2016c). Thus, college students fall into a demographic that consumes a significant amount of television through a variety of access points and devices.

In Nielsen's Total Audience Report for Quarter 4 of 2015, 66% of all persons surveyed between the ages of 18-34 owned subscription-based video on demand, or SVOD, such as Netflix and Hulu (Nielsen, 2016a). That is a significant portion of the millennial population with access to TV at their discretion. Furthermore, in Nielsen's Total Audience Report for Quarter 1 in 2016, there were 226 million US adult users of live and DVR/time-shifted TV per month, and 158 million users of time-shifted TV per month (Nielsen, 2016d). While this report included the entire adult population of anyone aged 18 and over, its results are still applicable to college students, who are included in this category. Thus, these findings suggest that college students are among a group with significant access to television, which provides ample opportunity for consumption.

Being able to access media content at one's own discretion has also led to the development of binge watching, a recent phenomenon in TV watching that has also

affected college students. As defined by Merriam-Webster's online dictionary, binge-watching means "to watch many or all episodes of (a TV series) in rapid succession." However, there is often more that goes into this experience. An article from *The Atlantic* addresses the topic of binge-watching and adds more complexity to its definition (Feeney, 2014). The author conducted anecdotal research to try to better capture and explain the binge-watching experience. He determined that binge-watching typically involves consuming "at least four episodes of a television program…in one sitting through an on-demand service or DVDs, often at the expense of other perceived responsibilities in a way that can cause guilt" (Feeney, 2014). Thus, binge-watching tends to be a disruptive experience, as it takes time away from pursuing other, more productive activities.

Due to the pervasive nature of binge-watching, and considering the theory of cultivation analysis, it is important to assess television viewing habits within the college student population. It is clear that depictions of mental illness in the media are not favorable (Diefenbach & West, 2007; Klin and Lemish, 2008; Minnebo & Van Acker, 2004; Parrott & Parrott, 2015; Signorielli, 1989; Wahl, 2003) and college students may be especially exposed to such portrayals. Thus, it is reasonable to expect that these images are cultivating negative attitudes toward mental illness among college student populations. These attitudes may be damaging within campus contexts where students' experiences with mental illness continue to be of growing concern (Egbert, Miraldi, & Murniadi, 2013; Kitzrow, 2003).

PURPOSE

This research explores the cultivation hypothesis with regards to college students and attitudes toward mental illness, and seeks to further complicate understandings of cultivation and attitudes toward mental illness by exploring possible influences beyond the media. According to the study conducted by the CDC (2016), potential sources of attitudes toward mental health include "personal knowledge about mental illness, knowing and interacting with someone living with mental illness… [and] media stories…" (p. 3). Thus, the aim of this research is to explore how television viewing habits, personal experience with mental health challenges, and interpersonal communication about mental health relate to attitudes toward mental illness. Specifically, the following three research questions are explored:

RQ1: What is the relationship between television viewing habits and college students' attitudes toward mental health?

RQ2: Does personal experience with mental health challenges make a difference in college students' attitudes toward mental health?

RQ3: Is there a relationship between frequency of interpersonal communication about mental health challenges and college students' attitudes toward mental health?

Findings resulting from this research may have implications for college campuses, specifically in relation to mental health support services, education, advocacy, awareness-raising campaigns, and consideration of media use. This research will add to the existing body of work surrounding cultivation analysis with a unique emphasis on college

students and the college environment. It will also offer a more complex understanding of the relationship between media viewing habits and mental health attitudes by enriching our understanding of the role of personal experience and interpersonal communication in processing media messages about mental health. This research has the potential to help the campus community better understand how to address mental health among college students, an issue that is cause for concern (Egbert, Miraldi, & Murniadi, 2013; Kitzrow, 2003).

METHODS

Participants and Recruitment

Participants in this study were recruited from a convenience sample of college students, after the study obtained ethics approval from the University IRB review committee. Professors within the Department of Communication and Journalism were asked to forward an email (APPENDIX A) to their students that encouraged them to participate in the online survey (APPENDIX C). Another email was posted to a campus-wide email folder in an attempt to recruit participants (APPENDIX B). All participants provided consent, and were incentivized via the option to enter into a raffle for the chance to win one of four $25 Amazon gift cards upon completion of the survey. The survey was closed in December, 2016.

Data Collection and Analysis

An online survey was distributed to undergraduate college students, a convenience sample, in November and December, 2016. The survey collected demographic information (e.g. gender identity, age, race/ethnicity, year in school, and major) and self-reports about personal and interpersonal experiences regarding mental health. The survey also collected information about participants' knowledge of and uses of campus mental health support resources. Finally, the survey collected data about participants' television viewing habits and about their attitudes toward mental illness and

people experiencing mental health challenges. (The complete survey is provided in APPENDIX C.)

Personal Experience – Personal experience with mental illness or mental health challenges was assessed using a 13-item questionnaire. Questions asked about a range of topics, including personal diagnoses and/or diagnoses of close others; seeking or receiving counseling or therapy, either on or off campus; learning about mental illness in college courses or through other college resources; perceptions of the effectiveness of mental health services on campus; and knowledge of on-campus resources about mental health.

Interpersonal Communication – Interpersonal communication about mental illness or mental health challenges was assessed using a 4-item questionnaire. The first three questions asked about the frequency of conversations about mental health challenges participants with friends, family members, and classmates. An optional, open-ended question was also included, asking participants to recall and describe a recent conversation about mental health that occurred between them and another person.

Attitudes Toward Mental Illness – Participants' attitudes toward mental illness were measured using a previously developed scale, the Community Attitudes Toward the Mentally Ill (CAMI) scale. The CAMI scale was originally developed by Taylor and Dear in 1981 and contained 40 questions total, with four 10-question subscales: authoritarianism, benevolence, social restrictiveness, and community mental health ideology (Taylor & Dear, 1981). For the purposes of this study, a modified version of the CAMI scale was used, containing only 26 questions (Mehta, Kassam, Leese, Butler, & Thornicroft, 2009). Furthermore, some questions were slightly rephrased to match the

college campus context. For example, any mention of "neighborhood" was changed to "campus." All questions from the modified CAMI were phrased as statements that participants could respond to on a 5-point Likert scale (strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree). The reliability of the edited scale was $\alpha = .864$.

Television Viewing Habits – A fifth measure assessed participants' television viewing habits. Consistent with prior cultivation analysis research, the first question asked about the number of hours of television programs participants watch per day. In each of the remaining three questions, participants were asked to identify a TV program they watch frequently. Further, participants were asked to categorize the program's genre, how many hours a day they watch the program, and if they have ever binge-watched the program.

Analysis – All survey data were exported from Qualtrics into SPSS. Descriptive statistics were obtained for each measure. A Spearman's rho correlation test was conducted to answer Research Question 1 (What is the relationship between television viewing habits and college students' attitudes toward mental health?) and Research Question 3 (Is there a relationship between frequency of interpersonal communication about mental health challenges and college students' attitudes toward mental health?). An independent samples t-test was conducted to answer Research Question 2 (Does personal experience with mental health challenges make a difference in college students' attitudes toward mental health?). All statistical analyses used a significance level of $\alpha = .05$ and were two-sided. Missing data were excluded from all tests.

RESULTS

The survey yielded a total of 107 responses (N = 107), and 71 respondents (N = 71) entered into the raffle for a chance to win one of four $25 Amazon gift cards. Descriptive statistics were obtained for each measure.

Demographics of the Sample

Demographic characteristics of the sample are summarized in Table 1. Among the sample, gender identity was fairly evenly distributed, 51% of participants reported being cismale, 48% cisfemale, and 1% genderfluid. Age was skewed toward a younger range, ages 18-20 comprising 69% of the sample, consistent with age expectations for a traditional college student demographic. Race/ethnicity results revealed a predominantly White sample, 95% of respondents identifying as Non-Hispanic White or Euro-American. Year in school results were fairly evenly distributed: 29% first years, 26% second years, 20% third years, and 21% fourth years. Majors were recoded into a new variable containing the college their major fits under, in order to create more succinct categories. After recoding, the College of Liberal Arts and Sciences (CLAS) was the

greatest number of responses (29%), and the College of Engineering (COE) was a close second (25%). Given these results, the sample is not particularly diverse in areas of age, race/ethnicity, and education.

Table 1 Sample Demographics

Characteristic	**Frequency**
Gender identity	
Male	53 (51%)
Female	49 (48%)
Genderfluid	1 (1%)
Age range	
18-20	71 (69%)
21-23	27 (26%)
24-26	1 (1%)
26+	4 (4%)
Race/ethnicity	
Non-Hispanic White or Euro-American	95 (92%)
Latinx or Hispanic American	3 (3%)
East Asian or Asian American	2 (2%)
Other (Black, Afro-Caribbean, or African American; South Asian or Indian American; Asian/Euro American)	3 (3%)
Year in school	
First year	30 (29%)
Second year	27 (26%)
Third year	21 (20%)
Fourth year	22 (21%)
Other	3 (3%)
College	
College of Liberal Arts and Sciences (CLAS)	30 (29%)
College of Natural Sciences, Forestry, and Agriculture (NSFA)	17 (17%)
College of Education and Human Development (CEHD)	11 (11%)
College of Engineering (COE)	25 (25%)
Maine Business School (MBS)	17 (16%)
Other	2 (2%)

Personal Experience with Mental Health Challenges

Responses to the personal experience measure are summarized in Table 2. Results from the personal experience measure show that about one-fourth (24%) of the sample

reported having been clinically diagnosed with a mental illness, and 65% of the sample reported having a friend or family member that has been clinically diagnosed with a mental illness. Interestingly, the one-fourth result is slightly higher than the national average of 1 in 5 adults experiencing mental illness in a given year (National Alliance on Mental Illness, n.d.). Furthermore, about 27% of the sample reported knowing five or more people who have been diagnosed with a mental illness. (A limitation of this question is that the response options excluded the possibility of not knowing anyone who has been diagnosed with a mental illness, i.e. "zero" was not a response option). Interestingly, only 9% of the sample reported currently receiving counseling or therapy for mental health concerns, but 30% reported an interest in receiving such services. One last noteworthy finding from the personal experience measure was that a vast majority of respondents reported being familiar with the Counseling Center on our campus (90%), an invaluable mental health services center. Collectively, these results show that there is a fair amount of personal experience with mental illness and mental health challenges among the sample.

Table 2 Personal Experience and Knowledge of Campus Resources

Question	**Frequency**
Have you ever been clinically diagnosed with a mental illness?	
Yes	22 (24%)
No	64 (69%)
Unsure	7 (7%)
Has a friend or family member ever been clinically diagnosed with a mental illness?	
Yes	65 (70%)
No	17 (18%)
Unsure	11 (12%)
How many people in your life (including yourself if relevant) have been diagnosed with a mental illness?	
1	15 (23%)

2	14 (21%)
3	13 (20%)
4	6 (9%)
5 or more	18 (27%)
Have you ever sought counseling or therapy for mental health concerns?	
Yes, on this campus	11 (12%)
Yes, but not on this campus	27 (29%)
Yes, both on this campus and elsewhere	5 (5%)
No, never	50 (54%)
Are you currently receiving counseling or therapy for mental health concerns?	
Yes, on this campus	2 (2%)
Yes, but not on this campus	6 (7%)
Yes, both on this campus and elsewhere	0 (0%)
No	85 (91%)
If you are not currently receiving counseling or therapy for mental health concerns, are you interested in receiving counseling or therapy services?	
Yes	9 (10%)
Maybe	18 (20%)
No	52 (57%)
Unsure	12 (13%)
Was mental health a topic in your first year seminar?	
Yes	12 (13%)
Maybe	3 (3%)
No	32 (35%)
I don't remember	16 (17%)
I didn't have a first year seminar	30 (32%)
Has mental health been a topic in any other academic or student life experience you've had at UMaine? For example, during Orientation, in a Resident Life program, in a club, or in a class?	
Yes	31 (34%)
Maybe	14 (15%)
No	32 (35%)
I don't remember	15 (16%)
How much do you agree with the following statement: Mental health support services located on the UMaine campus are sufficient at meeting the needs of university students.	
Strongly disagree	6 (6%)
Somewhat disagree	11 (12%)
Neither agree nor disagree	44 (48%)
Somewhat agree	23 (25%)
Strongly agree	8 (9%)
Which of the following campus resources are you familiar with? Mark all that apply.	

Counseling Center	79 (90%)
Psychological Services Center	10 (11%)
Mind Spa	46 (52%)
Gatekeeper trainings	2 (2%)
Student Health 101 Magazine	43 (49%)
UMaine Active Minds	18 (20%)
Student Wellness Resource Center	46 (52%)
Peer Wellness Educators	14 (16%)
Other (Bud Walkup)	3 (3%)

Interpersonal Communication about Mental Health Challenges

Responses to the interpersonal communication measure are summarized in Table 3. Results from the interpersonal communication measure show that 52% of the sample reported having conversations at least occasionally with their friends about mental illness and mental health challenges. As for conversations with family members, 51% of the sample reported talking about mental illness and mental health challenges at least occasionally. Lastly, only 12% of the sample reported having conversations about mental illness and mental health challenges with classmates occasionally or frequently. These results show that a little over half of the sample is engaging in conversations about mental health with friends and family.

Table 3 Interpersonal Communication

Question	**Frequency**
How frequently do you have conversations about mental illness and mental health challenges with your friends?	
Never	12 (14%)
Rarely	30 (34%)
Occasionally	36 (40%)
Frequently	8 (9%)
Very frequently	3 (3%)
How frequently do you have conversations about mental illness and mental health challenges with family members?	
Never	14 (16%)
Rarely	31 (35%)

Occasionally	32 (36%)
Frequently	11 (12%)
Very frequently	1 (1%)
How frequently do you have conversations about mental illness and mental health challenges with your classmates?	
Never	37 (42%)
Rarely	41 (46%)
Occasionally	9 (10%)
Frequently	2 (2%)
Very frequently	0 (0%)

Attitudes Toward Mental Illness (CAMI scale)

To determine the values for attitudes toward mental illness, frequency distributions were calculated for all 26 questions within the CAMI scale. Half of the 26 items were reverse coded, so that low scores were consistently representative of lower levels of negative attitudes toward mental illness. Using the re-coded values, a new variable was computed by adding the values for all 26 items to create a total CAMI score (N = 90; M = 53; Range: 32-79; missing values were excluded). The actual range of scores for the recoded CAMI suggests that participants reported rather low levels of negative attitudes toward mental illness, given that the possible range is between 26 and 130. The CAMI variable was not normally distributed, necessitating nonparametric statistical testing (below). A reliability test was then conducted for the re-coded measure (α = .864).

Television Viewing Habits

Television viewing was measured as an interval-level variable using the question "On average, how many hours a day do you watch TV programs (on a television set or any other device)?" Responses were recoded into a new variable of low, medium, and high viewing. Low viewing indicates watching 0 to 1 hours of television per day (26

respondents, 30%). Medium viewing indicates watching 1 to 3 hours of television per day (36 respondents, 41%). High viewing indicates watching 3 to 9 hours per day (26 respondents, 20%). These results suggest that the sample reported watching low to moderate amount of television programming per day.

Research Questions

Research Question 1: TV Viewing Habits and Attitudes Toward Mental Illness – To answer the first research question (What is the relationship between TV viewing habits and college students' attitudes toward mental health?) a Spearman's *rho* correlation test was conducted with television viewing (recoded) as the independent variable and the total CAMI score as the dependent variable. The correlation test found no significant relationship between the two variables [$rho(86) = -.094$, $p > .05$].

Research Question 2: Personal Experience and Attitudes Toward Mental Illness – To answer the second research question (Does personal experience with mental health challenges make a difference in college students' attitudes toward mental health?) an independent samples t-test was conducted with personal experience as the independent variable and the total CAMI score as the dependent variable. The two groups for the independent variable were those who reported having a mental illness (answering "yes" to "Have you ever been clinically diagnosed with a mental illness") and those who reported not having a mental illness (answering "no" to that same question). The t-test found no significant difference in attitudes between those who had a diagnosis and those who did not [$t(80) = -1.82$, $p > .05$].

Research Question 3: Interpersonal Communication and Attitudes Toward Mental Illness

–

To answer the third research question (Is there a relationship between frequency of interpersonal communication about mental health challenges and college students' attitudes toward mental health?) two separate Spearman's rho correlation tests were conducted with the total CAMI score as the dependent variable. One independent variable was frequency of conversations about mental health challenges with friends, and the other independent variable was frequency of conversations about mental health challenges with family members. The correlation test found a significant negative relationship between frequency of conversations with friends and attitudes toward mental health [$rho(87) = -.33$, $p < .01$]. This means that the higher the frequency of conversations with friends, the lower the CAMI score. A significant negative relationship was also found between frequency of conversations with family members and attitudes toward mental health [$rho(87) = -.29$, $p < .01$]. This means that the higher the frequency of conversations with family, the lower the CAMI score.

DISCUSSION

Overall Attitudes Toward Mental Illness

Scores for the CAMI scale were relatively low, suggesting that the sample does not hold highly negative attitudes toward mental illness. This result could likely be attributed to characteristics of the sample. On the whole, a large percentage of participants reported having some personal experience with mental illness and mental

health challenges, whether that experience was as a result of a personal diagnosis or the diagnoses of significant others. Literature has found support for the idea that the more experience with mental illness an individual has, the more positive their attitudes tend to be (Angermeyer, Matschinger, & Corrigan, 2003; Corrigan, Green, Lundin, Kubiak, & Penn, 2001; Couture & Penn, 2003).

Respondents in the present study also reported a fair amount of familiarity with on-campus resources that provide varying extents of mental health services and information. It is possible that the reported familiarity is indicative of some degree of knowledge and awareness about mental health challenges, and that knowledge and awareness may result in less negative attitudes toward mental illness. There is research that supports this idea, stating that education about mental illnesses can produce less stigmatizing attitudes (Magliano et al., 2016; Schlier, Lange, Wiese, Wirth, & Lincoln, 2016).

Another sample-related reason as to why relatively low CAMI scores were observed may have to do with the possibility that the stigma of mental illness among college students has decreased in recent years. Although there is no definitive evidence, existing literature suggests that decreasing stigma could be a reason why more college students are seeking treatment, contributing to an observed increase in the prevalence of mental illness on college campuses (Hunt & Eisenberg, 2010; Kitzrow, 2003; Mowbray et al., 2006). Following that line of thinking, it is possible that among the sample within the present study, levels of stigma and negative attitudes toward mental illness have declined.

One last explanation for lower levels of negative attitudes among the sample could be related to the CAMI instrument. It is possible that the measure may not quantify all types of stigma, specifically as they relate to a college-aged, predominantly white sample. According to Crowe and colleagues (2016), stigma pertaining to mental illness has five domains: self-stigma, help-seeking stigma, associative stigma, public stigma, and anticipated stigma. The authors discuss how in studies of college students, self-stigma often acts as a barrier to seeking and receiving treatment (Crowe et al., 2016). Thus, self-stigma may be especially relevant and prevalent among the sample of the present study, but may not be directly assessed by the CAMI scale, which tends to be more community-focused. Future research should attend more closely to understanding the types of stigma around mental health on college campuses.

Television Viewing and Attitudes Toward Mental Illness

Results for TV viewing indicate that participants watch relatively low to moderate amounts of television, despite having sufficient access and opportunity. When hours of television watched per day was correlated with attitudes toward mental illness, a non-significant relationship was found. One reason for such a result may be that television programming is not as influential in shaping attitudes towards mental illness as other communication channels and experiences may be. For example, this study found a significant negative relationship between frequency of interpersonal communication and less negative attitudes toward mental illness. Thus, increased frequency of interpersonal communication is significantly related to less negative attitudes toward mental illness. This study does not assume causation and it is possible that holding more accepting attitudes toward mental illness influences having more frequent conversations about it.

Further research, however, should continue to explore this relationship and its possible reciprocal nature, particularly considering prior reviews that suggest the importance of interpersonal contact to attitudes toward mental illness (Angermeyer, Matschinger, & Corrigan, 2004; Corrigan, Green, Lundin, Kubiak, & Penn, 2001; Couture & Penn, 2003).

Another potential reason as to why the expected cultivation effect was not observed in this study is that there might be higher levels of critical media literacy among participants compared to what might be present in a randomized and representative sample. As a result of growing up around media, and the increasing efforts to teach media literacy, college students may have a tendency to be more critical of the programs they watch, and understand that television does not offer an unproblematic depiction of reality. As Schmidt (2013) explains, media literacy education is intended to be implemented at all levels of the educational system: primary, secondary, and postsecondary. In a survey of educators from all levels, results showed that "media literacy [was] most likely to be addressed in postsecondary higher education" (Schmidt, 2013, p. 301). Thus, it is possible that a sample of college students may possess the media literacy skills necessary to access, analyze, critique media messages related to mental illness.

A third explanation for the lack of a significant relationship between hours of television watched per day and attitudes toward mental illness is that perhaps the messages around mental health that are disseminated by television programs are not as negative, stereotypical, and stigmatizing as they used to be, which again may be attributed to the growing understanding of media's role in influencing perceptions.

Content analyses of current, popular television programs would help to clarify the quantity and quality of depictions of mental illness on television.

Examining current portrayals could contribute understanding to creating non-stigmatizing messages. For example, bringing attention to the relationship between media content and perceptions, scholars have explored what kinds of visual messages may work to reduce stigma (Gelb, 2008; Lazard, Bamgbade, Sontag, & Brown, 2016). Gelb (2008) found that advertisements can be more effective at combating mental health stigma if they use positive messaging, relate mental illness to other, non-stigmatized conditions, demonstrate that individuals with mental illnesses are equally as accepted, and use non-mental health related sponsorship. Additionally, Lazard, Bamgbade, Sontag, and Brown (2016) found that communication strategies using metaphors to conceptualize depression may help individuals become more comfortable around individuals with mental illnesses, reducing an aspect of mental health stigma. The findings presented in these two studies highlight the importance of the relationship between messaging and attitudes, an association that should be considered when producing and analyzing media content.

A final explanation as to why the expected cultivation effect was not observed in the present study could be because a total CAMI score was used to correlate television viewing habits and attitudes toward mental illness. As discussed previously, the CAMI instrument contains several factors: authoritarianism, benevolence, social restrictiveness, and community mental health ideology (Taylor & Dear, 1981). It is possible that each factor could have a different relationship to television viewing, some with more positive associations some with more negative. Future research needs to further explore the relationships between dimensions of attitudes toward mental illness and TV viewing

habits toward a more comprehensive understanding of both. As also suggested by some existing literature (Appel, 2008) and cultivation reviews (Morgan, Shanahan, & Signorielli, 2015), different types of programing might cultivate different views of the world.

Personal Experience, Interpersonal Communication, and Attitudes Toward Mental Illness

Results indicate that study participants have a significant amount of personal connections to mental illness and mental health challenges, either firsthand or via significant others, such as friends and family members. As mentioned previously, there is literature that supports that idea that experience with mental illness is associated with lower levels of stigma and negative attitudes (Angermeyer, Matschinger, & Corrigan, 2004; Corrigan, Green, Lundin, Kubiak, & Penn, 2001). However, the present study does not support those findings. Instead, a lack of significant difference was found between the attitudes among those with a clinical diagnosis and those without a clinical diagnosis. One possible reason for this result is that negative attitudes and stigma are a social phenomenon, and do not influence individual-level attitudes about mental illness despite personal experience. There is literature that suggests that even stigmatized groups and their members, such as individuals with mental illnesses, may hold stigmatizing attitudes (Corrigan & Watson, 2002; Romer & Bock, 2008). Thus, personal experience may not make a difference toward attitudes about mental illness among the sample, at least not when global attitudinal measures are used instead of ones that explore dimensions of stigma (Crowe et al., 2016).

On the other hand, this study observed both relatively high frequency of interpersonal communication about mental illness and a significant relationship between

the frequency of such communication and less negative attitudes toward mental illness. Thus, one possible direction is that the more participants talk to their friends or family members about mental illness or mental health challenges, the less negative their attitudes toward mental illness may be. There are several reasons as to why such a result may be observed. First, talking about mental illness may help to normalize it, which may minimize stigma and negative attitudes while promoting understanding and acceptance (Couture & Penn, 2003). Having conversations about mental illness may also help to spread awareness, information, and education, which may work to reduce negative attitudes. Lastly, disclosure to others about mental health challenges may make individuals feel more positively about their situation (Corrigan et al., 2010; Corrigan, Kosyluk, & Rusch, 2013; Corrigan & Rao, 2012), which may help to combat negative attitudes toward mental illness and mental health challenges.

However, it is also possible that the reverse is true: individuals with less negative attitudes talk more often with friends or family members about mental illness or mental health challenges. One probable reason for this direction of effects is that lower levels of stigma may make an individual more open to discussing mental illness or mental health challenges. Regardless of the direction of the relationship, there is potential for attitudes toward mental illness to improve. This potential can be realized in spaces where both conversations and stigma-reduction take place, such as during peer-to-peer support meetings like the ones facilitated by Active Minds and similar organizations (Walther, Abelson, & Malmon, 2014). This highlights the importance of social relationships and peer support in responding to mental health challenges, factors that college students with

mental illnesses have identified as significant to their well-being (NAMI, 2012; MIT, 2015).

IMPLICATIONS AND FUTURE RESEARCH

Implications of this research include both broad-scale and local applications. Findings related to interpersonal communication suggest that social relationships are important sources of support for students dealing with mental health challenges, highlighting and validating the significance of peer-support programs on college campuses. Hefner and Eisenberg (2009) demonstrate this importance via their finding that among a sample of public university college students, "social support was strongly associated with a lower likelihood of not only depression, but also anxiety, suicidality, self-injury, and symptoms of eating disorders" (p. 496). Further support for this model comes from the voices of students themselves. In the MIT report (2015), 65% and 68% of undergraduate and graduate student respondents, respectively, agreed with the statement "My friends really try to help me" (p. 7). Thus, students seem to appreciate and utilize interpersonal and social relationships as support systems when dealing with mental health challenges.

Social support may be an effective strategy at the community level as well. In an article about Active Minds, a student-led mental health advocacy organization, Walther,

Abelson, and Malmon (2014) talk about the organization's peer-to-peer model. The authors explain that the model takes advantage of college students' natural tendency toward seeking support from friends, aiding in its success of advocating, educating, and spreading awareness. While the goal of the student-focused organization is not to provide diagnosis or counseling, it does help students establish supportive networks within the campus community. It also creates space where students "are encouraged to talk openly about mental health, stigma, and the resources available to [them]," (p. 16). Thus, Active Minds' peer-to-peer emphasis benefits students dealing with mental health challenges by creating and maintaining social relationships, as well as by stimulating conversation to help combat stigmatizing attitudes.

The University of Maine has its own chapter of Active Minds, but it is worth noting that participants in the current study indicated a much greater familiarity with the Counseling Center (90% of the sample) than with Active Minds (18% of the sample). Having access to this research and the ideas presented above may aid the group in its campus-wide efforts and may further aid the University in supporting the efforts of student-led mental health support programs. Perhaps these findings could provide greater understanding and meaning to the work that is being conducted, or perhaps they could encourage members to place greater emphasis on peer-to-peer relations within and outside of the group. There is even possibility that the UMaine chapter of Active Minds could assist the Counseling Center in its efforts, by serving as advocates for the staff and representatives for the students (Walther, Abelson, & Malmon, 2014), yet another way in which this research could help the local campus community.

The Counseling Center can also utilize student-to-student programs to help serve the mental health needs of the student community. According to Kirsch and colleagues (2014), successful programs have been developed at other universities within the United States. Namely, Worcester Polytechnic Institute (WPI) developed the Student Support Network (SSN) Training program for its students. The SSN program trains interested students on how to provide helpful support to their friends, with an overarching goal of creating a caring and responsive campus environment (Kirsch et al., 2014). In addition, specific goals for the program include "enhancing knowledge of mental health conditions, promoting skill development in core helping skills, reducing stigma associated with help seeking, and enhancing connection with key campus resources," (Kirsch et al., 2014, p. 525). Testing of the effectiveness of the program revealed that student trainees were more confident in their ability to support other students, and made significant improvements in crisis-responding skills (Kirsch et al., 2014). The Counseling Center at the University of Maine could implement a student-to-student program such as this, which may help students dealing with mental health challenges feel more supported and encourage help-seeking behavior. It could also help ease the burden on Counseling Center staff and budget constraints (Kirsch et al., 2014).

Another implication of the current research is changing negative and stigmatizing attitudes toward mental illness on a large-scale via improvement of media messages. As discussed previously, media content plays a role in changing perceptions around stigma (Gelb, 2008; Lazard, Bamgbade, Sontag, & Brown, 2016). For example, in response to advertisements whose forms of messaging were failing to combat mental health stigma, Gelb (2008) made recommendations for improvements. The author's recommendations

included 1) making positive suggestions as to what viewers can do as opposed to telling them what they should not do, 2) implying or explicitly state that individuals with mental illnesses are just as accepted as other individuals dealing with health difficulties, 3) drawing correlations between mental illness and non-stigmatized medical conditions to reframe how mental illness is often conceptualized, and 4) using sponsors unaffiliated with mental health advocacy to support and deliver messages concerning mental illness (Gelb, 2008). These forms of messaging may have greater potential for de-stigmatizing mental illness than the forms of messaging most often employed by advertisers (Gelb, 2008), and could thus be utilized to change public attitudes.

Additionally, Lazard, Bamgbade, Sontag, and Brown (2016) set out to determine if using linguistic and visual metaphors as a strategic communication strategy could help reduce mental health stigma. To test this, the authors created advertisements that used textual and visual metaphors and presented them to a sample of college students to investigate how exposure to the content would impact message evaluation and perceptions of mental illnesses (Lazard, Bamgbade, Sontag, & Brown, 2016). They found that the use of metaphors such as "getting out of bed shouldn't feel like a workout" (p. 1264), accompanied by an image of a bed, resulted in higher levels of comfortability toward individuals with mental illnesses among the sample (Lazard, Bamgbade, Sontag, & Brown, 2016). Thus, their strategic communication strategy of using metaphor was successful at reducing a certain facet of mental illness stigma. Which means that this form of visual messaging may be useful for changing negative attitudes toward mental illness.

The present study and its findings also offer directions for future research. Factor analysis needs to be conducted to evaluate the dimensions of the CAMI scale, allowing further examination of possible relationships between TV viewing and each of the factors. Another avenue for future research is to analyze the results from the television viewing habits measure to determine which genres respondents identified they watch most frequently. Keeping with cultivation theory, these genres could then be tested for their relationship to attitudes toward mental illness (Appel, 2008).

Further considering that the nature of media messages is suggested as influential in affecting attitudes toward mental illness (Gelb, 2008; Lazard, Bamgbade, Sontag, & Brown, 2016), future research related to this topic should conduct content and/or narrative analysis to explore current portrayals of mental illness in television programs. It is unclear from the literature whether or not depictions of mental illness have become worse, better, or remained the same in recent years. Having this information is important for informing cultivation analysis research. Future research should also focus on trying to better understand media messages about mental health and audiences' responses to them. That knowledge could help advise campaigns, news, and entertainment content related to mental illness (Gelb, 2008; Lazard, Bamgbade, Sontag, & Brown, 2016).

Lastly, the survey used for this research collected qualitative responses to questions about personal experience, interpersonal communication, and television viewing habits. However, responding to these questions was optional (due to trying to minimize the time needed to take the survey) and did not yield extensive or in-depth data. In the future, more systematic integration of qualitative methodologies is needed in order to develop in-depth and contextual understanding of college students' experience with

and attitudes toward mental health challenges. Qualitative research should look into the quality and content of messages about mental health that individuals create and exchange in interpersonal relationships, which the present study suggests is important among the sample. Doing so could help inform peer support interventions and campus awareness efforts.

LIMITATIONS

A convenience sample was utilized to collect data, resulting in a relatively homogenous sample in terms of age, race/ethnicity, and education. With little cultural or generational diversity among the sample, it does not accurately represent all college student populations, limiting the generalizability of the results. The present study also relied upon a relatively small sample size (N = 107). This is problematic because a smaller sample size produces more uncertainty about the precision of results. Having a smaller sample size also diminishes the ability to detect differences among the sample, and makes it less likely to find statistical significance. In addition to an already small sample size, almost every survey question had missing responses, creating inconsistency among results.

Another limitation is that the survey relied upon self-report of personal experience, interpersonal communication, attitudes toward mental illness, and television viewing habits. Self-reports may result in intentional or nonintentional misrepresentation. Also, although certain terms were operationally defined throughout the survey, participants may have different understandings of mental illness, mental health challenges, or mental health, which would influence the way they respond to certain questions. Furthermore, it is possible that the topic of the survey, mental illness and mental health challenges, was a sensitive subject for participants. Thus, it is possible that respondents' emotions toward the topic caused them to answer differently or not as truthfully as they would have otherwise. It is also possible that they skipped certain questions they did not want to think about or were not comfortable answering. To a lesser

extent, incentivization could have had a similar impact. The possibility of winning a gift card may have motivated some participants to simply get through the survey without attentively or accurately responding to all survey questions.

In addition to the characteristics of the sample and the sensitive topic of the study, another limitation is that independent variables were measured using only one question. Conducting the research in this way meant that the reliability was compromised, as it was not possible to conduct a reliability test on a single-item measure. The validity of the results was also affected by this approach, as it is difficult to know if a single question measures what it sets out to.

A data-related limitation is that qualitative data were not sufficient to merit inclusion in analysis and results of the study. The survey contained questions in which participants were asked to provide short responses to prompts such as recalling information about mental health from courses and other campus-affiliated experiences, or describing a recent conversation about mental health that took place. Analyzing, coding, and interpreting the responses to these and other qualitative questions could have provided more insight into how personal experience and interpersonal communication relate to attitudes toward mental illness. They also could have helped explain some of the insignificant results that were obtained. Lastly, analyzing qualitative data alongside the quantitative could have provided further implications for this study, directing areas of research or informing mental health interventions.

Some final limitations worth noting relate to the CAMI instrument. It is possible that the instrument is not the most suitable for assessing attitudes among a college-aged sample. As discussed previously, several types of stigma are documented within the

literature, self-stigma being the most relevant to college students (Crowe et al., 2016). The CAMI scale appears to be more concerned with public attitudes, and thus may not have assessed more prevalent types of stigma among the sample. Additionally, as noted earlier, CAMI factors were not analyzed. Had a factor analysis been conducted, and had the emergent factors been correlated with attitudes toward mental illness, there is possibility that a more accurate representation of attitudes among the sample would have been obtained. At the very least, a more detailed account of the relationships between each variable and attitudes toward mental illness would have been provided.

CONCLUSION

The present research set out to explore the relationship between television viewing habits, personal experience, interpersonal communication, and attitudes toward mental illness. The research found that there is no significant relationship between television viewing habits and college students' attitudes toward mental illness and mental health challenges. There was also no significant relationship between personal experience with mental illness and attitudes toward mental health challenges.

However, a significant relationship was found between interpersonal communication and college students' attitudes toward mental illness and mental health challenges. Despite the limitations outlined above, the present study offers a valuable perspective to supporting and developing campus efforts toward more inclusive and understanding climates. Most notably, the present study highlights the importance of strong interpersonal support systems on campus, such as peer-to-peer mental health organizations. The visible presence of such organizations appears to be influential in both providing individual support and in (re-)shaping campus cultures and conversations around mental health, more broadly.

A telling example of the power that student-led mental health advocacy groups can have toward shaping campus cultures and conversations was the Mental Health Monologues event that took place on the University of Maine campus in the Spring 2017 semester. The event is sanctioned by Active Minds National and is modeled after The Vagina Monologues. It gives students the opportunity to share their experiences with mental illness with a broader community, typically in the form of narrative or poetry. The

members of UMaine Active Minds, as well as other interested students, successfully planned, advertised, executed, and, for some, participated in the storytelling event that was the first of its kind on UMaine's campus. Those who participated drafted stories detailing their experiences with mental illness, both personal and interpersonal, and bravely shared a part of their lives with a relatively large audience of friends, family, students, and strangers. The hard work and dedication of the students resulted in a successful event that was heavy, hopeful, moving, and above all, real. It offered the wider campus community a glimpse into the realities of being a college student who is dealing with mental health challenges; there were no stereotypical or stigmatized portrayals. The response from the campus community was overwhelmingly positive. It was clear from the feedback that the Mental Health Monologues was effective at spreading awareness, shaping attitudes, and starting conversations around campus. Peer-to-peer organizations, such as Active Minds, have the ability to affect change in these, as well as other, ways.

Another advantage of student-to-student programs are that they have the ability to alleviate some of the strain on resources that campus counseling centers often contend with (Kirsch et al., 2014). If social support is as important and helpful to students dealing with mental health challenges as is reported in the literature (Hefner & Eisenberg, 2009; MIT, 2015; Walther, Abelson, & Malmon, 2014), then perhaps students can assist their peers by providing a supportive network outside of counseling or therapy, improving feelings of isolation and loneliness, and spreading information and education, which would in turn assist campus counseling centers. Thus, the role of peer groups would not be to substitute for the services that campus counseling centers provide, but to provide additional resources and support.

A final benefit of student-to-student organizations or programs is that they can function as platforms for media literacy education. For example, peer-to-peer groups could serve as sites or occasions for discussing media representation of mental illness, creating media materials about mental illness, analyzing particular media content, practicing media literacy skills, and generally raising consciousness about critical media literacy. Thus, if future research supports the presence of damaging messages on television, and/or relationships between television viewing and attitudes, student-to-student mental health organizations provide an opportunity to bring awareness to those messages and relationships and offer strategies for resisting, critiquing, and countering them.

REFERENCES

Angermeyer, M. C., Matschinger, H., & Corrigan, P. W. (2003). Familiarity with mental illness and social distance from people with schizophrenia and major depression: Testing a model using data from a representative population survey. *Schizophrenia Research, 69,* 175-182. doi: 10.1016/S0920-9964(03)00186-5

Appel, M. (2008). Fictional narratives cultivate just-world beliefs. *Journal of Communication, 58,* 62-83. doi: 10.1111/j.1460-2466.2007.00374.x

Centers for Disease Control and Prevention (2016). *Attitudes toward mental illness: Results from the Behavioral Risk Factor Surveillance System.* Retrieved from https://www.cdc. gov/hrqol/Mental_Health_Reports/pdf/BRFSS_Full%20Report.pdf

Corrigan, P. W., Green, A., Lundin, R., Kubiak, M. A., & Penn, D. L. (2001). Familiarity with and social distance from people who have serious mental illness. *Psychiatric Services, 52(7)*, 953-958. Retrieved from http://ps.psychiatryonline.org/

Corrigan, P. W., Kosyluk, K. A., & Rusch, N. (2013). Reducing self-stigma by coming out proud. *American Journal of Public Health, 103(5),* 794-800. doi: 10.2105/AJPH.2012. 301037

Corrigan, P.W., Morris, S., Larson, J., Rafacz, J., Wassel, A., Michaels, P. … Rusch, N. (2010). Self-stigma and coming out about one's mental illness. *Journal of Community Psychology, 38(2),* 259-275. doi: 10.1002/jcop.20363

Corrigan, P. W., & Rao, D. (2012). On self-stigma of mental illness: Stages, disclosure, and strategies for change. *Can J Psychiatry, 57(8),* 464-469. Retrieved from https://www.ncbi.nlm.nih.gov/

Couture, S. M., & Penn, D. L. (2003). Interpersonal contact and the stigma of mental illness: A review of the literature. *Journal of Mental Health, 12(3)*, 291-305. doi: 10.1080/09638 231000118276

Croteau, D. R., & Hoynes, W. D. (2014). *Media/Society: Industries, Images, and Audiences.* Thousand Oaks, CA: SAGE Publications.

Crowe, A., Averett, P., Glass, J. S., Dotson-Blake, K. P., Grissom, S. E., Ficken, D. K., … Holmes, J. A. (2016). Mental health stigma: Personal and cultural impacts on attitudes. *Journal of Counselor Practice, 7(2),* 97-119. doi: 10.22229/spc801925

Daddona, M. F. (2011). Peer educators responding to students with mental health issues. *New Directions for Student Services, 2011(133),* 29-39. doi:10.1002/ss.382

Diefenbach, D. L., & West, M. D. (2007). Television and attitudes toward mental health issues: Cultivation analysis and the third person effect. *Journal of Community Psychology, 35,* 181-195. doi: 10.1002/jcop.20142

Egbert, N., Miraldi, L. B., & Murniadi, K. (2013). Friends don't let friends suffer from depression: How threat, efficacy, knowledge, and empathy relate to college students' intentions to intervene on behalf of a depressed friend. *Journal of Health Communication, 19(4),* 460-477. doi:10.1080/10810730.2013.821554

Feeney, N. (2014, February 18). When, exactly, does watching a lot of Netflix become a 'binge'? *The Atlantic*. Retrieved from https://www.theatlantic.com/entertainment/archive/2014/02/when-exactly-does-watching-a-lot-of-netflix-become-a-binge/283844/

Gelb, B. D. (2008). Fine-tuning advertising designed to reduce the stigma of mental illness. *Journal of Current Issues & Research in Advertising, 30(2),* 79-85. doi: 10.1080/1064 1734.2008.10505249

Golberstein, E., Eisenberg, D., & Gollust, S. E. (2009). Perceived stigma and help-seeking behavior: Longitudinal evidence from the Healthy Minds Study. *Psychiatric Services, 60(9),* 1254-1256. Retrieved from http://ps.psychiatryonline.org/

Hefner, J., & Eisenberg, D. (2009). Social support and mental health among college students. *American Journal of Orthopsychiatry, 79,* 491-499. doi: 10.1037/a0016918

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health, 46,* 3-10. doi: 10.1016/j.jadohealth.2009. 08.008

Johnson, J. (2010). The skeleton on the couch: The Eagleton affair, rhetorical disability, and the stigma of mental illness. *Rhetoric Society Quarterly, 40(5),* 459-478. doi: 10.1080/ 02773945.2010.517234

Kirsch, D. J., Pinder-Amaker, S. L., Morse, C., Ellison, M. L., Doerfler, L. A., & Riba, M. B. (2014). Population-based initiatives in college mental health: Students helping students to overcome obstacles. *Mood Disorders, 16(525),* 1-8. doi: 10.1007/s11920-014-0525-1

Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal, 41,* 167-181. doi: 10.2202/00276014.1310

Klin, A., & Lemish, D. (2008). Mental disorders stigma in the media: Review of studies on production, content, and influences. *Journal of Health Communication, 13,* 434--449.

doi: 10.1080/10810730802198813

Lazard, A. J., Bamgbade, B. A., Sontag, J. M., & Brown, C. (2016). Using visual metaphors in health messages: A strategy to increase effectiveness for mental illness communication. *Journal of Health Communication, 21(12),* 1260-1268. doi: 10.1080/10810730.2016. 1245374

Magliano, L., Rinaldi, A., Costanzo, R., De Leo, R., Schioppa, G., Petrillo, M., & Read, J. (2016). Improving psychology students' attitudes toward people schizophrenia: A quasi- randomized controlled study. *American Journal of Orthopsychiatry, 86(3),* 253-264. Retrieved from http://dx.doi.org/10.1037/ort0000161

Massachusetts Institute of Technology (MIT). (2015). *The Healthy Minds Study survey results*. Retrieved from https://chancellor.mit.edu/sites/default/files/pdf/HMS_MIT_2015_ Results.pdf

Mehta, N., Kassam, A., Leese, M., Butler, G., & Thornicroft, G. (2009). Public attitudes towards people with mental illness in England and Scotland, 1994-2003. *The British Journal of Psychiatry, 194*, 278-284. doi: 10.1192/bjp.bp.108.052654

Miller, E. J., & Chung, H. (2009). A literature review of studies of depression and treatment outcomes among U.S. college students since 1990. *Psychiatric Services, 60,* 1257-1260. Retrieved from ps.psychiatryonline.org

Minnebo, J., & Van Acker, A. (2004). Does television influence adolescents' perceptions of and attitudes toward people with mental illness? *Journal of Community Psychology, 32,* 257-275. doi: 10.1002/jcop.20001

Morgan, M., Signorielli, N., & Shanahan, J. (2009). Growing up with television: Cultivation processes. In J. Bryant & D. Zillman (Eds.), *Media effects: Advances in theory and research* (2nd ed., pp. 43–67). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Mowbray, C. T., Mandiberg, J. M., Stein, C. H., Kopels, S., Curlin, C., Megivern, D., … Lett, R. (2006). Campus mental health services: Recommendations for change. *American Journal of Orthopsychiatry, 76*, 226-237. doi: 10.1037/0002-9432.76.2.226

National Alliance on Mental Illness (NAMI). (2012). *College students speak: A survey report on mental health.* Retrieved from https://www.nami.org/getattachment/AboutNAMI/ Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on- Mental-Health-NAMI-2012.pdf

National Alliance on Mental Illness (NAMI). (n.d.). *Mental health by the numbers*. Retrieved from https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

Nielsen. (2016a). *Facts of life: As they move through life stages, millennials' media habits are different and distinct.* Retrieved from http://www.nielsen.com/us/en/insights/news/2016/facts-of-life-as-they-move-through-life-stages-millennials-media-habits-are- different.html

Nielsen. (2016b). *Television is still top brass, but viewing differences vary with age*. Retrieved from http://www.nielsen.com/us/en/insights/news/2016/television-is-still-top-brass-but- viewing-differences-vary-with-age.html

Nielsen. (2016c). *Their generation: From location to listening habits a media divide exists according to age.* Retrieved from http://www.nielsen.com/us/en/insights/news/2016/ their-generation-from-location-to-listening-habits-a-media-divide-exists.html

Nielsen. (2016d). *The Total Audience Report: Q1 2016*. Retrieved from http://www.nielsen. com/us/en/insights/reports/2016/the-total-audience-report-q1-2016.html

Parrott, S., & Parrott, C. T. (2015). Law & disorder: The portrayal of mental illness in U.S. crime dramas. *Journal of Broadcasting & Electronic Media, 59,* 640-657. doi: 10.1080/08838151.2015.1093486

Romer, D., & Bock, M. (2008). Reducing the stigma of mental illness among adolescents and young adults: The effects of treatment information. *Journal of Health Communication, 13(8),* 742-758. doi: 10.1080/10810730802487406

Schlier, B., Lange, P., Wiese, S., Wirth., & Lincoln, T. (2016). The effect of educational information about treatments for schizophrenia on stigmatizing perceptions. *Journal of Behavior Therapy and Experimental Behavior, 52,* 11-16. Retrieved from http://dx.doi. org/10.1016/j.jbtep.2016.02.002

Schmidt, H. C. (2013). Media literacy education from kindergarten to college: A comparison of how media literacy is addressed across the educational system. *Journal of Media Literacy Education, 5(1),* 295-309. Retrieved from www.jmle.org

Signorielli, N. (1989). The stigma of mental illness on television. *Journal of Broadcasting & Electronic Media, 33,* 325-331. Retrieved from http://www.tandfonline.com/loi/hbem20

Soet, J., & Sevig, T. (2006). Mental health issues facing a diverse sample of college students: Results from the College Student Mental Health Survey. *NASPA Journal, 43,* 410-431. Retrieved from http://dx.doi.org/10.2202/1849-6605.1676

Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin, 7(2),* 225-240. Retrieved from https://academic.oup.com/ schizophreniabulletin

Wahl, O. F. (2003). Depictions of mental illness in children's media. *Journal of Mental Health, 12,* 249-258. doi: 10.1080/0963823031000118230

Walther, W. A., Abelson, S., & Malmon, A. (2014). Active Minds: Creating peer-to-peer mental health awareness. *Journal of College Student Psychotherapy, 28(1),* 12-22. doi: 10.1080/ 87568225.2014.854673

Zivin, K., Eisenberg, D., Gollust, S. E., & Golberstein, E. (2009). Persistence of mental health problems and needs in a college student population. *Journal of Affective Disorders, 117,* 180-185. doi: 10.1016/j.jad.2009.01.001

APPENDICES

APPENDIX A: RECRUITMENT EMAIL TO INSTRUCTORS

Subject: Research Opportunity for Students

Body:
Dear X,

My name is Abby Bellefleur and I am a fourth year student in Communication. For my Honors Thesis, I am conducting a study to explore how television viewing habits affect attitudes toward mental health and mental illness. I hope that this study will inform administrators, educators, and students in developing more supportive environments and trainings about mental health on college campuses. As the instructor of a large-enrollment class at the University of Maine, would you be willing to share information about this study with your students and invite their participation?

Study participation involves the completion of an online survey that should take no more than 15-25 minutes. Participants must be at least 18 years of age and are eligible to win a $25 Amazon gift card upon completion of the survey. Would you mind posting and/or emailing your students an announcement with the link to the survey and the attached Informed Consent?

Please feel free to email me back with any questions you may have.

Regards,
Abby Bellefleur
Communication Major
Psychology Minor
Lambda Pi Eta Member

APPENDIX B: RECRUITMENT EMAIL FOR ANNOUNCEMENTS & ALERTS

Subject: An invitation to participate in a study about mental health on campus

Body:
I am conducting a survey as part of my Honors Thesis to explore how television viewing habits affect attitudes toward mental health and mental illness. The survey is anonymous and it only takes about 20 minutes to complete. Once completed, you may enter into a drawing to win one of four $25 Amazon gift cards. Any UMaine student that is 18 years or older is invited to participate, so please take the survey when you have the chance and tell your friends about it, too!

Thank you!
Abby Bellefleur
Communication Major
Psychology Minor
Lambda Pi Eta Member

APPENDIX C: SURVEY INSTRUMENT

Television, Interpersonal Communication, and College Students' Attitudes Toward Mental Health

You are invited to participate in a research project being conducted by Abby Bellefleur, an undergraduate student in the Department of Communication and Journalism and Honors College at the University of Maine. Faculty sponsor for this project is Dr. Liliana Herakova (liliana.herakova@maine.edu), lecturer in the Department of Communication and Journalism at the University of Maine. The purpose of this research is to better understand factors that may influence how college students think and feel about mental health challenges and mental health support services. You must be a University of Maine student and at least 18 years of age to participate.

What Will You Be Asked to Do?

If you decide to participate, you will be asked to complete a brief anonymous survey about your experiences with and beliefs about mental health challenges. Survey questions will also ask about your TV viewing habits and your interactions with other people in relation to mental health. Survey completion may take approximately 15-25 minutes.

Risks

Some of the questions ask about personal experience and you may become uncomfortable answering some questions. You may skip any questions that make you uncomfortable and/or withdraw from the survey at any point. If you have questions or concerns about mental health and/or mental health challenges, contact the Counseling Center on campus.

Counseling Center
125 Cutler Health Building
207-581-1392
https://umaine.edu/counseling/

Benefits

While this study will have no direct benefit to you, this research may help us learn more about the campus climate around mental health (challenges). Results from this study may help administrators, educators, and students to better understand how to create supportive environments on campus. Additionally, results from the study may inform the design of trainings on mental health challenges and support on college campuses.

Compensation

For your participation in the study, you will be entered into an optional drawing for one of four $25 Amazon gift cards.

Confidentiality
This study is anonymous. No names will be associated with the data. Should you choose to enter the gift card drawing, the contact information you provide will not be linked to your survey answers. There will be no records linking you to the data. Data will be kept on a password-protected computer until June 2022 following study completion.

Voluntary Participation
Participation is voluntary. If you choose to take part in this study, you may stop at any time, but you must reach the end of the survey to enter the raffle. You may skip any questions you do not wish to answer. Return of the survey implies consent to participate.

Contact Information
If you have any questions about this study, please contact the researcher at: abby.bellefleur@umit.maine.edu or 207-713-4557.

You may also reach the faculty advisor on this study at:
Liliana Herakova, PhD
Faculty Sponsor Lecturer, Communication & Journalism
University of Maine
(207) 581-1937
liliana.herakova@maine.edu

If you have any questions about your rights as a research participant, please contact Gayle Jones, Assistant to the University of Maine's Protection of Human Subjects Review Board, at 207-581-1498 (or email gayle.jones@umit.maine.edu).

Consent

If you consent to participate in this study, please click "Yes" below. (If you do not consent to participate, please close your web browser and do not proceed.)

- Yes

Demographics

The following questions will ask about basic demographic information.

Which identifier below describes you best?

- Male (cis)
- Female (cis)
- Transgender
- Other _____

What is your age?

- Younger than 18
- 18-20
- 21-23
- 24-26
- Older than 26

What is your race/ethnicity?

- Non-Hispanic White or Euro-American
- Black, Afro-Caribbean, or African American
- Latino/a or Hispanic American
- East Asian or Asian American
- South Asian or Indian American
- Middle Eastern or Arab American
- Native American or Alaskan Native
- Other _____

What year in school are you?

- First
- Second
- Third
- Fourth
- Other _____

What is your major? _____

Personal Experience

The following questions will ask about your personal experience with mental illness and mental health challenges.

Have you ever been clinically diagnosed with a mental illness?

- Yes
- No
- Unsure

Has a friend or family member ever been clinically diagnosed with a mental illness?

- Yes
- No
- Unsure

How many people in your life (including yourself if relevant) have been diagnosed with a mental illness?

- 1
- 2
- 3
- 4
- 5 or more

Have you ever sought counseling or therapy for mental health concerns?

- Yes, on this campus
- Yes, but not on this campus
- Yes, both on this campus and elsewhere
- No, never

Are you currently receiving counseling or therapy for mental health concerns?

- Yes, on this campus
- Yes, but not on this campus
- Yes, both on this campus and elsewhere
- No

If you are not currently receiving counseling or therapy for mental health concerns, are you interested in receiving counseling or therapy services?

- Yes

- Maybe
- No
- Unsure

Was mental health a topic in your first year seminar?

- Yes
- Maybe
- No
- I don't remember
- I didn't have a first year seminar

If mental health was a topic covered in your first year seminar, what do you recall about the content? Please describe below.

_____
_____
_____
_____

Has mental health been a topic in any other academic or student life experience you've had at UMaine? For example, during Orientation, in a Resident Life program, in a club, or in a class?

- Yes
- Maybe
- No
- I don't remember

If mental health was a topic covered in any other academic or student life experience, what do you recall about the content? Please describe below.

_____
_____
_____
_____

If you've never encountered mental health as a topic at UMaine, what do you wish you could learn about it? Please describe below.

_____
_____
_____
_____

How much do you agree with the following statement: Mental health support services located on the UMaine campus are sufficient at meeting the needs of university students.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Which of the following campus resources are you familiar with? Mark all that apply.

- Counseling Center
- Psychological Services Center
- Mind Spa
- Gatekeeper trainings
- Student Health 101 Magazine
- UMaine Active Minds
- Student Wellness Resource Center
- Peer Wellness Educators
- Other _____

Interpersonal Communication

The following questions will ask about the communication you've had on the topic of mental illness and mental health concerns.

The CDC defines mental illness as "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." ("Mental Health Basics," 2013)

Mental health concerns may include any questions or uncertainties you've had about your own mental health, even if undiagnosed.

How frequently do you have conversations about mental illness and mental health challenges with your friends?

- Never
- Rarely
- Occasionally
- Frequently

- Very frequently

How frequently do you have conversations about mental illness and mental health challenges with family members?

- Never
- Rarely
- Occasionally
- Frequently
- Very frequently

How frequently do you have conversations about mental illness and mental health challenges with your classmates?

- Never
- Rarely
- Occasionally
- Frequently
- Very frequently

Think back to the most recent conversation you've had about mental health, mental illness, or mental health challenges. Where were you? Who were you with? What kinds of things did you talk about? Describe in as much detail as you can how this conversation went, thinking about the things you discussed, the responses you got, and the responses you gave. Please be as specific as possible.

_____
_____
_____
_____
_____
_____

Community Attitudes Toward Mental Illness (CAMI)

The following twenty-six (26) questions will ask about your attitudes toward mental illness and mental health challenges.

1. One of the main causes of mental illness is a lack of self-discipline and willpower.

- Strongly disagree
- Somewhat disagree

- Neither agree nor disagree
- Somewhat agree
- Strongly agree

2. People with mental illness have for too long been the subject of ridicule.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

3. Promoting mental health services on a college campus downgrades the image of the college.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

4. People with mental illness should not be given any responsibility.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

5. Mental hospitals are an outdated means of treating people with mental illness.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

6. I would not want to live next door to someone who has been mentally ill.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

7. Mental illness is an illness like any other.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

8. No one has the right to exclude people with mental illness from campus.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

9. We have a responsibility to provide the best possible care for people with mental illness.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

10. It is frightening to think of people with mental problems living on campus.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

11. There are sufficient existing services for people with mental illness.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

12. There is something about people with mental illness that makes it easy to tell them apart from other people.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

13. Anyone with a history of mental problems should be excluded from taking public office.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

14. People with mental illness don't deserve our sympathy.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

15. As far as possible, mental health services should be provided through community based facilities.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

16. Less emphasis should be placed on protecting the public from people with mental illness.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

17. Most people who have been patients in a mental hospital can be trusted as caretakers.

- Strongly disagree

- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

18. Increased spending on mental health services is a waste of money.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

19. As soon as a person shows sign of mental disturbance, he/she should be hospitalized.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

20. People with mental illness are far less of a danger than most people suppose.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

21. Students have nothing to fear from people obtaining mental health services on campus.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree
    - Somewhat agree
    - Strongly agree

22. We need to adopt a far more tolerant attitude toward people with mental illness in our society.
    - Strongly disagree
    - Somewhat disagree
    - Neither agree nor disagree

- Somewhat agree
- Strongly agree

23. A person would be foolish to be romantically involved with someone who has suffered from mental illness, even though that person is fully recovered.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

24. Virtually anyone can become mentally ill.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

25. People with mental illness are a burden on society.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

26. The best therapy for many people with mental illness is to be integrated in an ordinary community.
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Television Viewing Habits

The following questions will ask about your television viewing habits.

On average, how many hours a day do you watch TV programs (on a television set or any other device)?

- 0
- Less than 1 hour
- More than 1 but less than 3 hours
- More than 3 but less than 5 hours
- More than 5 but less than 7 hours
- More than 7 but less than 9 hours
- More than 9 hours

Please list your three (3) favorite TV programs (shows, sports, news, etc.) and answer the subsequent questions for each.

Program 1
Title: _____
How would you describe the genre(s) of this program?
_____
On average, how many hours a week do/did you watch this program? _____

Have you ever binge-watched this program? Binge watching is defined as watching 3 or more episodes in a row.

- Yes
- No

Program 2
Title: _____
How would you describe the genre(s) of this program?
_____
On average, how many hours a week do/did you watch this program? _____

Have you ever binge-watched this program? Binge watching is defined as watching 3 or more episodes in a row.

- Yes
- No

Program 3
Title: _____
How would you describe the genre(s) of this program?
_____
On average, how many hours a week do/did you watch this program? _____

Have you ever binge-watched this program? Binge watching is defined as watching 3 or more episodes in a row.

- Yes
- No

How do you typically watch TV? Please select all that apply.

- On a television set when my preferred programs are on (network and cable TV)
- On demand on a television set
- On a tablet or a computer via livestream
- On a tablet or computer when the programs are available (not livestream)
- On a smartphone
- Other _____

If you have questions or concerns about your mental health, you can contact the Counseling Center.
University of Maine Counseling Center
125 Cutler Health Building
207-581-1392
https://umaine.edu/counseling

Television, Interpersonal Communication, and College Students' Attitudes Toward Mental Health

Thank you for participating in this research.

IMPORTANT: If you are doing this as part of a class to receive extra credit, print or screen shot this page as proof of completion.

APPENDIX D: IRB APPROVAL LETTER

(KEEP THIS PAGE AS ONE PAGE – DO NOT CHANGE MARGINS/FONTS!!!!!!!!!)

APPLICATION FOR APPROVAL OF RESEARCH WITH HUMAN SUBJECTS
Protection of Human Subjects Review Board, 418 Corbett Hall, 581-1498

(Type inside gray areas)
PRINCIPAL INVESTIGATOR: Abby Bellefleur
EMAIL: abby.bellefleur@umit.maine.edu TELEPHONE: 207-713-4557
CO-INVESTIGATOR(S): NA

FACULTY SPONSOR (Required if PI is a student): Liliana Herakova
TITLE OF PROJECT: Mental Health and the Media: Exploring the Relationship between Television Viewing Habits and College Student's Attitudes toward Mental Health

START DATE: Nov. 10, 2016 PI
DEPARTMENT: Communication and Journalism
MAILING ADDRESS: Dunn Hall 420
FUNDING AGENCY (if any): NA
STATUS OF PI: UNDERGRADUATE

1. If PI is a student, is this research to be performed:

☒ for an honors thesis/senior thesis/capstone? ☐ for a master's thesis?
☐ for a doctoral dissertation? ☐ for a course project?
☐ other (specify)

2. Does this application modify a previously approved project? No (Y/N). If yes, please give assigned number (if known) of previously approved project:

3. Is an expedited review requested? Yes (Y/N).

Submitting the application indicates the principal investigator's agreement to abide by the responsibilities outlined in Section I.E. of the Policies and Procedures for the Protection of Human Subjects.

Faculty Sponsors are responsible for oversight of research conducted by their students. The Faculty Sponsor ensures that he/she has read the application and that the conduct of such research will be in accordance with the University of Maine's Policies and

Procedures for the Protection of Human Subjects of Research. REMINDER: if the principal investigator is an undergraduate student, the Faculty Sponsor MUST submit the application to the IRB.

Email complete application to Gayle Jones (gayle.jones@umit.maine.edu)

****

********** FOR IRB USE ONLY Application # 2016-10-9

Date received 10/13/2016 Review (F/E): E

Expedited Category:

2

ACTION TAKEN:

X☐ Judged Exempt; category 2 Modifications required? y Accepted (date) 11/4/2016

☐ Approved as submitted. Date of next review: by Degree of Risk:

☐ Approved pending modifications. Date of next review: by Degree of Risk:

Modifications accepted (date):

☐ Not approved (see attached statement)

☐ Judged not research with human subjects

FINAL APPROVAL TO BEGIN

Date 11/4/2016

04/201

AUTHOR'S BIOGRAPHY

Abby Bellefleur was born in Lewiston, Maine on November 22, 1994. She was raised in Lewiston/Auburn and graduated from Edward Little High School in 2013. Majoring in Communication, Abby has a minor in Psychology. She is a member of Phi Beta Kappa and Lambda Pi Eta. She has received a CUGR Grant and a Charlie Slavin Research Fund grant.